

Applicant's Form Identifier: 1183767

Entity Number: 232653

Contact Person: Annette Mossburg

Phone Number: (814) 835-7675

Certifications and Signature

Do not write in this area

486 Application Number: 1183767

12. Cert ID = 1913192

13. Date 10/26/2016

14. Printed name of authorized person Annette Mossburg

15. Title or position of authorized person IT Manager

**16a. Street Address, P.O Box or Route Number 2445 West 34th Street
Erie, PA 16506**

16b. Telephone number of authorized person (814) 835 - 7675

16c. Fax number of authorized person: (814) 835-2196

16d. E-mail of authorized person: amossburg@sarahreed.org

16e. Name of authorized person's employer: Sarah Reed Children's Center

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Please Check to affirm your compliance ☒

486 Application Number:
SARAH A. REED CHILDREN'S CENTER
2445 WEST 34TH STREET
ERIE , PA 16506

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